BEST AVAILABLE COPY

				Application or Docket Number											
:	PATENT A	\PPL		N FEE D	RD) 		0/90	104	891					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMA TYF		ENTITY	OR	OTHER SMALL		
FOR				R FILED		NUMBER E	EXTRA		RATE	E	FEE	1	RATE	FEE	
BASIC	O FEE		i de	and the second s			on Mark Control				395.00	OR	af Pr	790.00	
TOTA	AL CLAIMS 5			minus 20 =			.3/			=	407	OR	x\$22=		
INDE	PENDENT CLĄ	UMB)		minus 3 = *			· Q			=		OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT									+135	i=	_	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTA	\L	802	OR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							١	SMA	ALL	ENTITY	OR		R THAN . ENTITY	
ENT A	Superior Control	REM/ AF	AIMS AINING TER IDMENT	14 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATÉ		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQI	Total	* 4	58	Minus	**	57	= /		X\$11	=	900	OR	x\$22=		
AMENDMENT	Independent	• (-	3	Minus	*** (3	=		x41=			OR	x82=		
A	FIRST PRES	SENTA	TION OF	MULTIPLE	DEPE	ENDENT CL	AIM		+135	5=		OR	+270=		
	(Column 1) (Column 2) (Column 3)									TAL FEE	G.OP	OR	TOTAL ADDIT. FEE		
ENT B		CL REM AF	AIMS IAINING FTER NDMENT		H N PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMI	Total	*		Minus	**		=		x\$11	1=		OR	x\$22=		
AMENDME	Independent	*		Minus	***		=		x41	=		OR	x82=		
Ā	FIRST PRE	SENTA	ATION OF	MULTIPLE	DEPL	ENDENT CL	AIM		+135	5=		OR	+270=		
	(Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE			OR	OR ADDIT. FEE		
ENTC	The second second	CL REM Al AMEI			H N PRI	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RAT	 ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*		Minus	**		=		x\$1	1=		OR	x\$22=		
AMENDMENT	Independent	t *		Minus	***		=		x41	—- 1=	1	OR	x82=		
[4	FIRST PRE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=											+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF												OR	ADDII. FEE	<u>.</u>	
7	ո me ⁻Highest Ni ⊺he "Highest Nui	umber Pre	eviously Pa	id For" (Total o	ارد در or Inde	pendent) is the	in 3, enter 3. e highest number f					n columi			